



Apprentice Name: \_\_\_\_\_

Name (s) of Supervisor (s) with License #'s: \_\_\_\_\_

**Training Activities** (check only items in which apprentice participated)

# EMBALMER

- \_\_\_\_\_ Make funeral arrangements
- \_\_\_\_\_ Arranging for clergyman & learning requirements of funerals for different denominations
- \_\_\_\_\_ Supervising Pallbearers
- \_\_\_\_\_ Arranging and supervising Cortege
- \_\_\_\_\_ Making arrangements with law enforcement officers, medical examiners and doctors
- \_\_\_\_\_ Making death calls
- \_\_\_\_\_ Death certificates, burial permits, etc.
- \_\_\_\_\_ Arranging for shipment
- \_\_\_\_\_ Studying TN laws, rules, and professional publications
- \_\_\_\_\_ Management & administration
- \_\_\_\_\_ Preparing obituary notices
- \_\_\_\_\_ Other:

- \_\_\_\_\_ First call to hospital or home
- \_\_\_\_\_ Assist in preparing body for embalming (bathing, shaving, setting features, etc.)
- \_\_\_\_\_ Disinfecting of instruments
- \_\_\_\_\_ Disinfecting of embalming room
- \_\_\_\_\_ Assist in raising vessels, pre-injections, arterial embalming, aspirating, and cavity embalming
- \_\_\_\_\_ Dressing and casketing
- \_\_\_\_\_ Preparation of body for shipment
- \_\_\_\_\_ Studying TN laws, rules and professional/technical publications
- \_\_\_\_\_ Removing body to reception room, of funeral residence, church or other location
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**Excellent**

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**CASE REPORTS: (Attach another sheet if there is not enough room)**

Date Of Death	Name of Deceased	Cause of Death	Date of Funeral	Assisted on Funeral Serv.	Assisted on Embalming

I certify that the apprentice named herein has been trained under direct supervision during the period indicated and has received instruction in the principles and techniques of funeral directing and/or embalming, as indicated on the reverse side hereof. Time worked during the period has been not less than forty hours per week, and progress has been ☐ has not been ☐ satisfactory. Recommend credit be ☐, not be ☐ allowed for this period.

Supervisor \_\_\_\_\_

STATE OF TENNESSEE

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

(SEAL)

My Commission Expires \_\_\_\_\_

Signature of Apprentice: \_\_\_\_\_